

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10-644595	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	14	◀	◀	◀	◀		Total Depend	◀	◀	◀	◀	
Total Claims	17						Total Claims					